

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <div style="text-align: center;">DELAWARE ELEVATOR, INC</div>	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801	OMB No.: 1235-0008 Expires: 02/28/2018
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PAYROLL NO. 26	FOR WEEK ENDING 06/17/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				11	12	13	14	15	16	17										
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 06/27/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC on the
(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER; that during the payroll period commencing on the
(Building or Work)

11 day of JUNE, 2016, and ending the 17 day of JUNE, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1061 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		ADDRESS	
DELAWARE ELEVATOR, INC		2210 ALLEN DRIVE SALISBURY, MD 21801	
PAYROLL NO. 27		FOR WEEK ENDING 06/24/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON
		PROJECT OR CONTRACT NO. 22233	OMB No.: 1235-0008 Expires: 02/28/2018

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				18	19	20	21	22	23	24				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
			O																	
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 07/05/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC on the

(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER; that during the payroll period commencing on the

(Building or Work)

18 day of JUNE, 2016, and ending the 24 day of JUNE, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC from the full

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE


**MISTY COFFMAN, PAYROLL
ADMINISTRATOR**

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION IS A VIOLATION
31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801													
PAYROLL NO. 		FOR WEEK ENDING 07/01/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con													
				PROJECT OR CONTRACT NO. 22233													
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE				(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							
			25 Sa	26 Su	27 M	28 Tu	29 W	30 Th	1 F								
			HOURS WORKED EACH DAY									FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
GILBANE BUILDING COMPANY NO ACTIVITY	0		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					
		Elevator Mechanic	s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

Date:

JUL 11 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 25 day of June, 2016 and ending the 1 day of the July, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.					TAX ID: 52-1193017					ADDRESS 2210 Allen Drive Salisbury, MD 21801													
PAYROLL NO. 29					FOR WEEK ENDING 07/08/2016					PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con					PROJECT OR CONTRACT NO. 22233								
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE		(2) # OF W/H EX.	(3) WORK CLASSIFICATION		(4) DAY AND DATE								(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							
					2 3 4 5 6 7 8 Sa Su M Tu W Th F																		
					HOURS WORKED EACH DAY											FICA	FIT	SIT	OTHER		TOTAL DEDS	NET WAGES	
(b) (6)		0	C.CON DC - Bayne, Ronald		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$476.64	\$133.00	\$342.50	\$131.76	\$101.62		\$708.88	\$1,096.54
			Elevator Mechanic		s	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	\$59.58	\$1,805.42								
		2	C.CON DC - Barlow, Joe		o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$519.39	\$122.09	\$246.49	\$107.23	\$225.06		\$700.87	\$1,012.02
			Elevator Mechanic		s	0.00	0.00	0.00	0.00	9.00	0.00	0.00	9.00	\$57.71	\$1,712.89								

STATEMENT OF COMPLIANCE

Date:

JUL 18 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 2 day of July, 2016 and ending the 8 day of the July, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <div style="text-align: center;">DELAWARE ELEVATOR, INC</div>	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801	OMB No.: 1235-0008 Expires: 02/28/2018
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PAYROLL NO. 30	FOR WEEK ENDING 07/15/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				9	10	11	12	13	14	15				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER	TOTAL DEDUCTIONS	
				S	SU	M	T	W	TH	F										

NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 07/25/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

9 day of JULY, 2016, and ending the 15 day of JULY, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801					
PAYROLL NO. 31				FOR WEEK ENDING 07/22/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233	

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SV (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			16 Sa	17 Su	18 M	19 Tu	20 W	21 Th	22 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
(b) (6)	7	C.CON DC - Gray, Charles	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$188.34	\$74.08	\$25.87	\$53.19	\$22.23	\$175.37	\$792.97
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	\$62.78	\$968.34						
	0	C.CON DC - Vilkas, John	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$502.60	\$114.22	\$251.27	\$106.15	\$159.42	\$631.06	\$922.04
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00	\$50.26	\$1,553.10						
	8	C.CON DC - Mudge, Dave	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$580.60	\$148.15	\$139.18	\$0.00	\$382.73	\$670.06	\$1,458.89
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	10.00	0.00	10.00	\$58.06	\$2,128.95						

STATEMENT OF COMPLIANCE

Date:

AUG 6 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 16 day of July, 2016 and ending the 22 day of the July, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

____ Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS IS A VIOLATION OF THE FEDERAL ACQUISITION REGULATION (FAR) AND IS A VIOLATION OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801																
PAYROLL NO. 32		FOR WEEK ENDING 07/29/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con																
				PROJECT OR CONTRACT NO. 22233																
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE						(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS								
			23 Sa	24 Su	25 M	26 Tu	27 W	28 Th				29 F	FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES		
			HOURS WORKED EACH DAY																	
(b) (6)	0	C.CON DC - Bayne, Ronald Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$476.64	\$135.84	\$351.77	\$134.63	\$101.62		\$723.86	\$1,118.63
			s	0.00	0.00	0.00	0.00	8.00	0.00	0.00	8.00	\$59.58	\$1,842.49							

STATEMENT OF COMPLIANCE

Date:

AUG 08 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 23 day of July, 2016 and ending the 29 day of the July, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE
Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE BY A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION IS A VIOLATION OF
TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801												
PAYROLL NO. 33		FOR WEEK ENDING 08/05/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con		PROJECT OR CONTRACT NO. 22233										
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			30 Sa	31 Su	1 M	2 Tu	3 W	4 Th	5 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
(b) (6)	0	C.CON DC - Fisher, Ryan Appr 9-901. Elevator Mechanic	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$999.00	\$106.34	\$255.37	\$0.00	\$172.19	\$533.90	\$949.10
	s		0.00	0.00	8.00	10.00	0.00	0.00	0.00	18.00	\$55.50	\$1,483.00						
(b) (6)	0	C.CON DC - Bayne, Ronald	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$1,072.44	\$141.33	\$371.23	\$140.19	\$101.62	\$754.37	\$1,159.82
	s	Elevator Mechanic	0.00	0.00	8.00	10.00	0.00	0.00	0.00	18.00	\$59.58	\$1,914.19						

STATEMENT OF COMPLIANCE

Date:

AUG 15 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 30 day of July, 2016 and ending the 5 day of the August, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION, SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.	TAX ID: 52-1193017	ADDRESS 2210 Allen Drive Salisbury, MD 21801
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PAYROLL NO. 35	FOR WEEK ENDING 08/19/2016	PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con	PROJECT OR CONTRACT NO. 22233
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(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVERAGE SW		(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							
										(5) TOTAL HOURS	(6) RATE OF PAY									
			13 Sa	14 Su	15 M	16 Tu	17 W	18 Th	19 F											
(6)	0	C.CON DC - Bayne, Ronald Elevator Mechanic	o s	HOURS WORKED EACH DAY							0.00 3.50	\$0.00 \$59.58	\$208.53 \$1,787.33	FICA \$131.62	FIT \$337.98	SIT \$130.36	OTHER \$101.62		TOTAL DEDS \$701.58	NET WAGES \$1,085.75
				0.00	0.00	0.00	0.00	0.00	0.00	0.00										
	0	C.CON DC - Buck, Nick Elevator Mechanic	o s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$270.24	\$58.54	\$99.38	\$57.78	\$169.00		\$384.70	\$420.54
				0.00	0.00	0.00	0.00	0.00	6.00	0.00	6.00	\$45.04	\$805.24							
	7	C.CON DC - Gray, Charles Elevator Mechanic	o s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$565.02	\$135.73	\$141.85	\$115.89	\$22.23		\$415.70	\$1,358.48
				0.00	0.00	0.00	0.00	0.00	9.00	0.00	9.00	\$62.78	\$1,774.18							

E-MAILED

AUG 29 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the **13** day of **August, 2016** and ending the **19** day of the **August, 2016**, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION TITLE 31 OF THE UNITED STATES CODE .

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801	
PAYROLL NO. 36		FOR WEEK ENDING 08/26/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con	
				PROJECT OR CONTRACT NO. 22233	

(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			HOURS WORKED EACH DAY										FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			20 Sa	21 Su	22 M	23 Tu	24 W	25 Th	26 F									
(b) (6)	0	C.CON DC - Bayne, Ronald	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$178.74	\$118.23	\$294.25	\$116.80	\$101.62	\$630.90	\$981.50
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	3.00	0.00	3.00	\$59.58	\$1,612.40					
	7	C.CON DC - Gray, Charles	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$188.34	\$110.75	\$92.88	\$90.49	\$22.23	\$316.35	\$1,131.38
		Elevator Mechanic	S	0.00	0.00	3.00	0.00	0.00	0.00	0.00	3.00	\$62.78	\$1,447.73					


E-MAILED

SEP 06 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 20 day of August, 2016 and ending the 26 day of the August, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly regisered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, Unite States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
TITLE 31 OF THE UNITED STATES CODE .

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801													
PAYROLL NO. 37		FOR WEEK ENDING 09/02/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con		PROJECT OR CONTRACT NO. 22233											
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE		(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE				AVENUE SW (5) TOTAL HOURS		(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS							
(b) (6)		0	C.CON DC - Bayne, Ronald	HOURS WORKED EACH DAY				0.00	\$0.00	\$297.90	FICA \$131.33	FIT \$337.06	SIT \$130.07	OTHER \$101.62	TOTAL DEDS \$700.08	NET WAGES \$1,083.56			
				27 Sa	28 Su	29 M	30 Tu										31 W	1 Th	2 F
				o	0.00	0.00	0.00										0.00	0.00	0.00
			Elevator Mechanic	s	0.00	0.00	5.00	0.00	0.00	0.00	0.00	5.00	\$59.58	\$1,783.64					

STATEMENT OF COMPLIANCE

SEP 12 2016

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 27 day of August, 2016 and ending the 2 day of the September, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE	(b) (6)
Misty Coffman Payroll Administrator	

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 2381
TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801												
PAYROLL NO. 38		FOR WEEK ENDING 09/09/2016				PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con		PROJECT OR CONTRACT NO. 22233										
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			3 Sa	4 Su	5 M	6 Tu	7 W	8 Th	9 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
(b) (6)	0	C.CON DC - Bayne, Ronald	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$178.74	\$107.62	\$259.58	\$106.05	\$101.62	\$574.87	\$898.87
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	\$59.58	\$1,473.74					
(b) (6)	7	C.CON DC - Gray, Charles	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$188.34	\$87.51	\$47.30	\$66.85	\$22.23	\$223.89	\$919.95
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	0.00	3.00	3.00	\$62.78	\$1,143.84					

SEP 19 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the 3 day of September, 2016 and ending the 9 day of the September, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION IS A VIOLATION OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801														
PAYROLL NO. 39		FOR WEEK ENDING 09/16/2016		PROJECT AND LOCATION CONST - US DIPLOMACY CENTER 21ST AND VIRGINIA STANDARD-Con														
				PROJECT OR CONTRACT NO. 22233														
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			10 Sa	11 Su	12 M	13 Tu	14 W	15 Th	16 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK PERFORMED

SEP 26 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 10 day of September, 2016 and ending the 16 day of the September, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

 Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE S
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
TITLE 31 OF THE UNITED STATES CODE.

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801												
PAYROLL NO. 40		FOR WEEK ENDING 09/23/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233								
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			17 Sa	18 Su	19 M	20 Tu	21 W	22 Th	23 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
GILBANE BUILDING COMPANY NO ACTIVITY	0	Elevator Mechanic	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						
			S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK PERFORMED

OCT 03 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 17 day of September, 2016 and ending the 23 day of the September, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
NO WORK PERFORMED	

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION IS A VIOLATION OF TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017							ADDRESS 2210 Allen Drive Salisbury, MD 21801									
PAYROLL NO. 41		FOR WEEK ENDING 09/30/2016							PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con			PROJECT OR CONTRACT NO. 22233						
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			24 Sa	25 Su	26 M	27 Tu	28 W	29 Th	30 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			HOURS WORKED EACH DAY															
(b) (6)	0	C.CON DC - Bayne, Ronald	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$417.06	\$137.07	\$355.81	\$135.88	\$101.62	\$730.38	\$1,128.26
		Elevator Mechanic	s	0.00	0.00	3.00	0.00	0.00	4.00	0.00	7.00	\$59.58	\$1,858.64					
	7	C.CON DC - Gray, Charles	o	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$219.73	\$128.57	\$127.82	\$108.61	\$22.23	\$387.23	\$1,293.40
		Elevator Mechanic	s	0.00	0.00	3.50	0.00	0.00	0.00	0.00	3.50	\$62.78	\$1,680.63					

OCT 10 2016

STATEMENT OF COMPLIANCE

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 24 day of September, 2016 and ending the 30 day of the September, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

X In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION
TITLE 31 OF THE UNITED STATES CODE

(b) (6)

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801														
PAYROLL NO. 42		FOR WEEK ENDING 10/07/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con														
				PROJECT OR CONTRACT NO. 22233														
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					
			1	2	3	4	5	6	7				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
			Sa	Su	M	Tu	W	Th	F									
GILBANE BUILDING COMPANY NO ACTIVITY			HOURS WORKED EACH DAY										FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES
	0		O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					
		Elevator Mechanic	S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00					

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

OCT 17 2016

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by **Delaware Elevator, Inc.** on the **CONST - US DIPLOMACY CENTER** that during the payroll period commencing on the 1 day of October, 2016 and ending the 7 day of the October, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NO WORK PERFORMED

NAME AND TITLE

Misty Coffman Payroll Administrator

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 251 TITLE 31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.		TAX ID: 52-1193017		ADDRESS 2210 Allen Drive Salisbury, MD 21801															
PAYROLL NO. 43		FOR WEEK ENDING 10/14/2016		PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con															
				PROJECT OR CONTRACT NO. 22233															
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE							AVENUE SW (5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						
			8 Sa	9 Su	10 M	11 Tu	12 W	13 Th	14 F				FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
			HOURS WORKED EACH DAY																
(b) (6)	0	C.CON DC - Bayne, Ronald	O	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$268.11	\$121.54	\$305.05	\$120.15	\$101.62	\$648.36	\$1,007.25
			S	0.00	0.00	0.00	0.00	2.00	0.00	2.50	4.50	\$59.58	\$1,655.61						

STATEMENT OF COMPLIANCE

OCT 24 2016

Date:

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 8 day of October, 2016 and ending the 14 day of the October, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS , FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION BY A SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 TITLE 31 OF THE UNITED STATES CODE.

Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



U.S. Wage and Hour Division

Rev. Dec. 2008

NAME OF CONTRACTOR								<input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>							ADDRESS						OMB No.: 1235-0008 Expires: 02/28/2018						
PAYROLL NO.								FOR WEEK ENDING							PROJECT AND LOCATION						PROJECT OR CONTRACT NO.						
(1)								(2)	(3)		(4) DAY AND DATE					(5)	(6)	(7)	(8) DEDUCTIONS					(9)			
NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER								NO. OF WITHOLDING EXEMPTIONS	WORK CLASSIFICATION		O.T. OR ST.	15	16	17	18	19	20	21	TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	FICA	WITH-HOLDING TAX	SIT	MEDI	OTHER DEDUCTIONS	NET WAGES PAID FOR WEEK
											HOURS WORKED EACH DAY																
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								s											/								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210

(over)

Date 10/31/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

15 day of October, 2016, and ending the 21 day of october, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

SIGNATURE

THE WILLFUL FALSIFICATION OF ANY OF THE A
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSE
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ DELAWARE ELEVATOR, INC. ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801 OMB No.: 1235-0008 Expires: 02/28/2018

PAYROLL NO. 45 FOR WEEK ENDING 10/28/2016 PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON PROJECT OR CONTRACT NO. 22233

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK
				22	23	24	25	26	27	28										
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
			O																	
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 11/07/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER

(Building or Work)

22 day of October, 2016, and ending the 28 day of october, 2016.

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE INFORMATION BY THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE 31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)



Rev. Dec. 2008

NAME OF CONTRACTOR ☐ OR SUBCONTRACTOR ☒ DELAWARE ELEVATOR, INC. ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801 OMB No.: 1235-0008 Expires: 02/28/2018

PAYROLL NO. 46 FOR WEEK ENDING 11/04/2016 PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON PROJECT OR CONTRACT NO. 22233

(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK
				29	30	31	1	2	3	4									
				S	SU	M	T	W	TH	F									
				HOURS WORKED EACH DAY															
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement:

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

(over)

Date 11/17/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC on the
(Contractor or Subcontractor)

CONST - US DIPLOMACY CENTER; that during the payroll period commencing on the
(Building or Work)

29 day of October, 2016, and ending the 04 day of November, 2016,

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

- ☒ — in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

- ☒ — Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PRO
31 OF THE UNITED STATES CODE.

U.S. Department of Labor
Wage and Hour Division

PAYROLL

(For Contractor's Optional Use; See Instructions at www.dol.gov/whd/forms/wh347instr.htm)

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number.



Rev. Dec. 2008

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> <div style="text-align: center;">DELAWARE ELEVATOR, INC</div>	ADDRESS 2210 ALLEN DRIVE SALISBURY, MD 21801	OMB No.: 1235-0008 Expires: 02/28/2018
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PAYROLL NO. 47	FOR WEEK ENDING 11/11/2016	PROJECT AND LOCATION CONST - US DIPLOMACY CENTER STANDARD-CON	PROJECT OR CONTRACT NO. 22233
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(1) NAME AND INDIVIDUAL IDENTIFYING NUMBER (e.g., LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER) OF WORKER	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	OT. OR ST.	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEE	
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SIT	MEDI	OTHER		TOTAL DEDUCTIONS
				S	SU	M	T	W	TH	F										
				HOURS WORKED EACH DAY																
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NO WORK PERFORMED

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Public Burden Statement

We estimate that it will take an average of 55 minutes to complete this collection, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding these estimates or any other aspect of this collection, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S3502, 200 Constitution Avenue, N.W. Washington, D.C. 20210

Date 11/21/2016

I, MISTY COFFMAN PAYROLL ADMINISTRATOR
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

on the

CONST - US DIPLOMACY CENTER

(Building or Work)

05 day of November, 2016, and ending the 11 day of November, 2016

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said

DELAWARE ELEVATOR, INC

(Contractor or Subcontractor)

from the full

weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, Part 3 (29 C.F.R. Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS



— in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH



— Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

NO WORK PERFORMED

NAME AND TITLE

MISTY COFFMAN, PAYROLL
ADMINISTRATOR

SIGNATURE

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

Rev 03/04/2016

NAME OF SUBCONTRACTOR Delaware Elevator, Inc.				TAX ID: 52-1193017				ADDRESS 2210 Allen Drive Salisbury, MD 21801														
PAYROLL NO. 418				FOR WEEK ENDING 11/18/2016				PROJECT AND LOCATION 21ST AND VIRGINIA CONST - US DIPLOMACY CENTER STANDARD-Con				PROJECT OR CONTRACT NO. 22233										
(1) NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	(2) # OF W/H EX.	(3) WORK CLASSIFICATION	(4) DAY AND DATE								AVENUE SW		(8) DEDUCTIONS									
											(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED									
			12 Sa	13 Su	14 M	15 Tu	16 W	17 Th	18 F													
GILBANE BUILDING COMPANY NO ACTIVITY			0	Elevator Mechanic	HOURS WORKED EACH DAY								0.00	\$0.00	\$0.00	FICA	FIT	SIT	OTHER	TOTAL DEDS	NET WAGES	
					o	0.00	0.00	0.00	0.00	0.00	0.00	0.00										0.00
					s	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00						

NO WORK PERFORMED

STATEMENT OF COMPLIANCE

Date:

NOV 28 2016

I, Misty Coffman, Payroll Administrator

Do hereby state:

1. That I pay or supervise the payment of the persons employed by Delaware Elevator, Inc. on the CONST - US DIPLOMACY CENTER that during the payroll period commencing on the 12 day of November, 2016 and ending the 18 day of the November, 2016, all persons persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the full weekly wages earned by any person and that no deductions have been made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Regulations, part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat., 948, 63 Stat. 108, 72 Stat. 967, 76 Stat. 357, 40 U.S.C. 276c) and described below:

2. That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in any wage determination incorporated into the contract; that the classifications set forth therein for each laborer or mechanic conform with the work he performed.

3. That any apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and Training, United States Department of Labor, or if no such recognized agency exists in a State, are registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

4. That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS:

☒ In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments or fringe benefits as listed in the contract have been or will be made to appropriate programs for the benefit of such employees, except as noted in Section 4(c) below.

(b) WHERE FRING BENEFITS ARE PAID IN CASH

Each laborer or mechanic listed in the above referenced payroll has been paid, as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION
REMARKS	
NO WORK PERFORMED	

NAME AND TITLE

Misty Coffman Payroll Administrator

(b) (6)

THE WILLFUL FALSIFICATION OF ANY OF THE
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231
TITLE 31 OF THE UNITED STATES CODE.